



U.S. Department of State
Bureau of Human Resources/Office of Retirement

DISABILITY RETIREMENT
FOREIGN SERVICE PENSION SYSTEM (FSPS)

To: The Office of Retirement (HR/RET)

I, _____ have read the provisions for disability retirement under
(*Print Full Name*)
the Foreign Service Pension System, as provided in (1) Section 808(a) and (f) of the Foreign Service Act of 1980,
(2) Section 672.3 of Volume 3 of the Foreign Affairs Manual (FAM) and (3) 5 CFR, Pa (*printed below*).

I, ☐ Do ☐ Do Not

wish to apply for disability retirement at this time.

Signature (*Do Not Print*)

Social Security Number

Date (*mm-dd-yyyy*)

(1) Section 808 (a) and (f) of the Foreign Service Act

Section 808. Retirement for Disability or Incapacity

"(a) Any participant who has at least 18 months of service credit toward retirement under the system (excluding military and naval service) and who becomes totally disabled or incapacitated for useful and efficient service by reason of disease, illness, or injury (not due to vicious habits, intemperance, or willful conduct of the participant) shall, upon his or her own application or upon order of the Secretary, be retired on the annuity computed as upon as prescribed in 5 CFR, PART 844."

"(f) A claim may be allowed under this section only if the application is filed with the Secretary of State before the participant is separated from the Service or within one year thereafter. This time limitation may be waived by the Secretary of State for a participant who at the date of separation from the Service or within one year thereafter is mentally incompetent, if the application is filed with Secretary of State within one year from the date of restoration of the participant to competency or the appointment of fiduciary, whichever is earlier."

(2) Section 672.3 of Volume 3 of the Foreign Affairs Manual (3 FAM)

672.3 Disability Retirement

672.3-1 General Policy

- a. Eligibility Requirements. A participant shall be retired for disability under section 808 of the Act when:
- (1) The participant becomes totally disabled or incapacitated for useful and efficient service by reason of disease, illness, or injury not due to vicious habits, intemperance, or willful misconduct on the participant's part; and
 - (2) He or she has 18 months of Federal civilian service credit toward retirement under the System.
- b. Who may file an application? An application may be filed either by the participant or by the personnel office of the employing agency. If the participant has been adjudged mentally incompetent, a guardian may apply on the participants' behalf.

(3) 5 CFR, Part 844 - Federal Employees' Retirement System - Disability Retirement

Subpart C - Computation of Disability Annuity

844.301 Commencing Date of Disability Annuity

- 1) If the disabled or incapacitated participant is already 62 years of age, or meet the age and service requirements for immediate voluntary retirement, he or she would be entitled to the earned annuity (generally, $1.7\% \times \text{average salary} \times \text{years of service}$).

Otherwise:

- 2) For the first 12 months the participant is entitled to:
60% of the average salary minus 100% of his or her Social Security disability benefit for any month in which the participant is entitled to such benefits.
- 3) After the first 12 months the participant's annuity will be recomputed as follows:
40% of the average salary minus 60% of his or her Social Security disability benefit for any month in which the participant is entitled to such benefits.

However:

The participant is entitled to his or her earned annuity, if it is larger than his or her disability annuity computed under 2 or 3 above, as applicable.

- 4) When the participant reaches age 62:

His or her annuity will be recomputed using an amount that essentially represents the annuity he or she would receive if he or she had continued working until the day before his or her sixty-second birthday and then retired under non-disability provisions and the average salary is increased by the FSPS COLAs.

ACKNOWLEDGMENT

I hereby acknowledge receipt and understanding of the above.

Signature _____

Print Name _____

Date *(mm-dd-yyyy)* _____

Social Security Number _____